PATIENT SERVICES SUPPLEMENT PLACE OF SERVICE- If Not Onsite: (J) Inpatient			1	HID/LOC/SITE:	
(L) Physician's Office (M) Patient's Home (O) Other (U) Nursing Home (V) Detention Center (W) Workplan	· · · · · · · · · · · · · · · · · · ·	Center Shelter		CONTACT DATE:	
PATIENT NAME: Last: First: MI:	MDCD: (Y) (N) (A) (B) (C) (E BEG DT: EST. BCCTP TREATMENT END DT: MEDICAID#: M/A PART#: MEMBER#:		(W (B (N (A (H	EE: check one or more V) White B) Black or African American I) American Indian or Alaska Native A) Asian I) Native Hawaiian or Other Pacific Islander Lat(Hispanic or Latino) (Y) Yes or (N) No	
NAME OF PARENT/CARETAKER:	AUTH REF: PRIMARY HEALTH PROV				
Last: First: MI: FRIMART HEALTH PRO MEDICARE: (Y) (N) MEDICARE#:				X: (M) (F) BIRTH DATE:	
		ı	MEDICAL RECORD#:		
	KTAP: (Y) (N) FOODSTAMPS: (Y) (N)				
√ OTHER THAN WIC NUTRITION EDUCAT	ION (805)				
36 Nutrition Education Class (Other t	han WIC) √	FLUOF	RIDE	(No Face-to-Face) (800)	
		S0001		luoride Drops – 1 st Dose	
√ CANCER (When Provider Bills Medicaid or	OTP)(813)	S0002		luoride Drops Refill	
CODE PROCEDURE/LAB		S0003		luoride Tablets – 1 st Dose	
56 Screening Mammogram		S0004 S0009		luoride Tablets Refill	
57 Diagnostic Mammogram		Type of		luoride Water Test imen:	
58 Pap Smear		31	- Wel	l Water	
87621 HPV test		W	ell De	pth: 0-50	
76645 Breast Ultrasound		20	Ciat	☐ 151-500 ☐ >500 ☐ Unknown ern Water	
				Water	
$\sqrt{}$ MEDICAID TREATMENT FUNDS (813)				led Water	
213 Pre-cancerous Breast Conditions			- Othe		
214 Cancerous Breast Conditions					
215 Pre-cancerous Cervical Conditions	s v	HUMA	NA	VITALITY	
216 Cancerous Cervical Conditions	<u> </u>				
			HUN	MANA Vitality	
√ DELIVERY (803)					
71 Vaginal Delivery					
72 C-Section Delivery	PF	ROVIDE	R	RESULT/ REFERRAL/	
73 Miscarriage				SPECIMEN CODES:	
√ PRENATAL CLASS (803)					
7301 Prenatal Class/Childbirth Class					
√ DENTAL (712)					
D0140 Examination by Dentist	√	LHD	DISC	CRETIONARY Codes 900 through 999	
D1211 Dentist follow-up			T		
D1351 Dental Sealant report referral	Units				
•					
√ DENTAL (762) Special Project					
D1206 Fluoride Varnish					
√ LEAD TESTS (When Provider Bills Medica	id or OTP)				
(800, 803 or 810)			+		
L01 Lead Test Pediatric					
L02 Lead Test Maternity					
L03 Lead Test Adult Health (Age: 16 vrs	s or Older)				